DOCUMENT RESUME

ED 131 000 SP 010 558

| | |
|---|---|
| TITLE | VD Education in California: A Review of Ideas, Programs, Methods, and Resources. |
| INSTITUTION | California State Dept. of Education, Sacramento. |
| PUB DATE | 76 |
| NOTE | 31p. |
| AVAILABLE FROM | California State Department of Education, P.O. Box 271, Sacramento, California 95802 ($1.00) |
| EDRS PRICE | MF-$0.83 Plus Postage. HC Not Available from EDRS. |
| DESCRIPTORS | Class Activities; *Health Education; *Hygiene; Program Descriptions; *School Community Cooperation; *Sex Education; Student Opinion; *Venereal Diseases |
| IDENTIFIERS | California |

ABSTRACT

This publication describes three years of a major venereal disease education effort in California resulting from mutual cooperation of the State Departments of Education and Health, county school and health officials, and local school districts and community agencies. It represents the views of numerous leaders in the field of VD education and documents programs that have charted directions for future efforts. The first section summarizes the extent of the problem and outlines the philosophical and programmatic approach to VD education formulated by the staff of the Venereal Disease Education Project. In its first three years, the Project offered training and technical assistance to some 10,000 administrators, teachers, health professionals, parents, and students. The staff also developed publications and audiovisual materials to assist VD educators. The second section focuses on actual VD education programs and highlights four exemplary efforts. Following this, reflections and opinions on VD education from concerned legislators, educators, public health officials, school board members, and students are offered. The booklet concludes with suggestions for classroom activities and other resources that will be helpful to those charged with implementing VD programs, including a sample of classroom activities, techniques for evaluating VD education programs, and discussion of laws affecting VD instruction. (HM)

**********
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
**********

# VD Education in California

ED131000

SP010 558

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL BY MICROFICHE ONLY HAS BEEN GRANTED BY

Marlene J. Butts

TO ERIC AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

# VD Education in California

## A Review of Ideas, Programs, Methods, and Resources

Developed by the
Venereal Disease Education Project
California State Department
of Education

Wilson Riles, Superintendent of Public Instruction
Sacramento, 1976

# Foreword

By the early 1970's, the incidence of venereal disease among California's youth had reached crisis proportions. It was clear that a major educational effort would be required to help stem the crisis and that the cooperation of teachers throughout the state would be needed to make the effort effective. In 1972, special legislation was passed that allowed teachers to offer classroom instruction about venereal diseases without fear of penalties or reprisals, and the Department of Education set up the Venereal Disease Education Project to help guide the educational efforts in stopping VD. This project has provided training and technical assistance to educators, public health workers, parents, and students. It has helped to establish the rightful place of VD instruction in the health education curriculum.

The VD Education Project is now entering its fourth year. As indicated in these pages, it has clearly met with a great deal of success and has begun to establish that VD education can be an effective means of prevention. In the absence of vaccines against venereal diseases, education may well be the only form of prevention we have to meet the problem.

But more work remains to be done before VD education becomes an accepted component of a comprehensive health education curriculum. The purpose of this publication is to remind educators, public health professionals, and others concerned about VD education that while we have made a good beginning in California, we have no reason to be complacent. Venereal disease is a complicated public health problem, and the schools must continue to have a role in solving it.

Superintendent of Public Instruction

# Introduction

This publication describes three years of a major VD education effort in California resulting from the mutual cooperation of the State Departments of Education and Health, county school and health officials, and local school districts and community agencies. It represents the views of numerous leaders in the field of VD education and documents programs that have charted clear directions for future efforts.

Since the experience of VD educators in California is highly diverse, we have employed a diversified format to tell their story.

The first section, *The Beginning of a Future for VD Education*, summarizes the extent of the problem and outlines the philosophical and programmatic approach to VD education formulated by the staff of the Venereal Disease Education Project. In its first three years the Project offered training and technical assistance to some 10,000 teachers, administrators, health professionals, parents, and students. The Project staff also developed publications and audiovisual materials to assist VD educators in their task.

The second section, *In the Field*, focuses on actual VD education programs—a few exemplary efforts among many encountered by the Venereal Disease Education Project staff.

Following this, in a *VD Education Forum*, prominent educators and public health professionals, among others, offer their personal views on VD education.

The booklet concludes with *In the Classroom*, which contains suggestions for classroom activities and other resources that will be helpful to those charged with implementing VD education programs.

In a sense this booklet is a progress report. Since the inception of the Venereal Disease Education Project, the staff members have continually modified and refined their ideas and training activities through their contact with colleagues in the field.

To a great extent this publication is also a collaborative undertaking. VD education cannot be the responsibility of a few. We wish to thank all of those who have contributed not only to these pages, but, more important, to improving the quality of VD education throughout the state.

William Webster
Deputy Superintendent for Programs

Em Riggs
Administrative Coordinator,
School Health Programs

# Contents


## The Beginning of a Future for VD Education 6

*The extent of the VD problem, the difficulty of controlling VD, the preventive role of VD education, and a brief history of VD education in California.*

## In the Field 13

*Highlights of four VD education programs: peer education in San Francisco; the Santa Barbara "coalition" approach; the origins of the Bakersfield program; and a teacher-student dialog in Los Angeles County.*

## VD Education Forum 19

*Reflections and opinions on VD education from concerned legislators, educators, public health officials, school board members, and students.*

## In the Classroom 25

*Practical tips for effective VD instruction: a sample of classroom activities; techniques for assessing VD education programs; and laws affecting VD instruction.*

# The Beginning of a Future for VD Education

## VD: A Problem That Won't Go Away

Venereal diseases have been a threat both to public health and to future generations since the earliest days of recorded history. Several children of Henry VIII were syphilitic, and died early because of it. The classic German artist Albrecht Durer, himself a syphilis victim, created the 15th-century equivalent of an anti-VD poster (the text claimed that a current syphilis epidemic was the result of unusual astrological conditions). Historians have traced epidemics of syphilis and gonorrhea, the two most common venereal diseases, to pre-Biblical times. The very name "gonorrhea" was coined in the second or third century, A.D.; it comes from the Greek *gonos* (seed) and *rhoia* (flow), reflecting the mistaken assumption that the disease, whose symptoms are often difficult to detect, was in fact nothing but an involuntary flow of semen.

Despite the long history of venereal diseases, in 1976 there is still no certain way of preventing them medically. One of the most effective means of prevention, the condom, was invented 300 years ago.

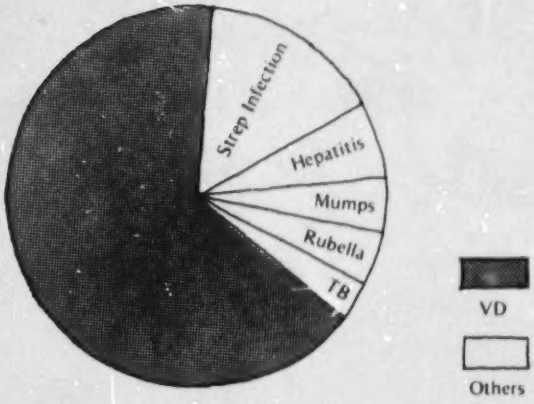
VD has often been accorded the low-culture status of a dirty joke. Yet gonorrhea, by far the most prevalent venereal disease, can cause arthritis, sterility, damage to newborn children, and even death. Syphilis can lead to insanity, paralysis, heart disease, blindness, deafness, and infected offspring. Since 1900 over four million people in the United States have died as a direct result of syphilis. Recent scientific evidence has linked herpes, one of the less common venereal diseases, with cervical cancer.

The spread of venereal diseases has gone beyond epidemic proportions. Today it is pandemic—that is, nearly universal. In the United States some 2½ million people contract syphilis or gonorrhea annually, more than the combined total of all other communicable diseases. The United States Public Health Service estimates that all sexually transmitted diseases may account for 10 million victims annually.

California leads the nation in the number of reported cases of venereal disease each year, and is third highest in the number of cases per 100,000 population. Most of the venereal disease in California (approximately three-quarters of it) occurs among people between 15 and 30 years old.

All of these statements were true in the late 1960's and early 1970's, when the seriousness of the VD problem began to be recognized by public health officials, policy makers, and educators. At that time the facts about the VD pandemic were so alarming that briefly a crisis atmosphere prevailed. Legislators, educators, and public health professionals scrambled for quick solutions. As with similar social and public health problems, notably drug abuse, the attention of the media was intense during the peak crisis period of the early 1970's.

Today, while the crisis atmosphere is no longer so noticeable, the problem continues unabated. According to California Department of Health statistics, statewide the number of cases of gonor-




VD in California claims more victims than all other communicable diseases combined.

rhea increased from 94,100 in 1973 to 117,600 in 1975. For the 15-19-year-old age group, the number rose from 18,300 in 1973 to 22,700 in 1975. Although syphilis rates dropped significantly just after World War II, these too are on the rise again.

The incidence of venereal disease in California has increased dramatically in the last five years despite numerous programs for VD control that have been widely recognized as effective. Far from stopping the spread of VD, present efforts at VD control have scarcely managed to slow it down.

### Why Is VD So Difficult to Control?

Many diseases that once spread in epidemic proportions—polio, for example—have been almost completely eliminated by vaccines. At present, however, there are no vaccines for any of the venereal diseases, and even the most optimistic projections place their discovery years or decades hence.

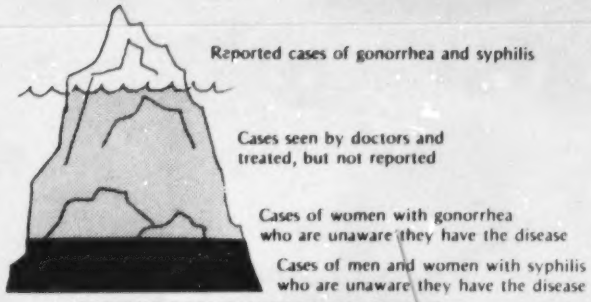
Although vaccines are not available, treatment for venereal disease, usually in the form of penicillin, has been widely used since the early 1950's. So effective has penicillin been in curing cases of VD that locating VD "carriers"—by tracking down sexual contacts from one person to another—diagnosing them, and treating them with penicillin has been the principal means of VD control in the public health field. At one time the United States Public Health Service employed several thousand VD investigators whose sole responsibility was to "break the chain" of VD transmission by interviewing all the sexual contacts they could find who might be carrying a venereal disease and helping the individuals involved to obtain diagnosis and, if necessary, treatment. Nevertheless, this massive effort at VD control lagged far behind the actual spread of venereal diseases.

The reasons for the VD pandemic are numerous:

- Venereal diseases are transmitted through intimate sexual relations. Contrary to such die-hard myths as the notion that VD can be transmitted through contact with toilet seats, sexual intimacy is the primary means of transmission. Few would challenge the notion that sexual attitudes and relationships, particularly among young people, have become more relaxed in the last two decades.
- People are often unaware that they have VD. Women especially can carry venereal diseases for months without recognizing any symptoms.
- The number of health workers assigned to VD diagnosis and treatment is insufficient to the task. Funding for VD control has continually failed to meet the need.
- If private physicians fail to report individual cases of VD after treatment, contacts may not be followed up, and the diseases continue to spread even though one patient may have been cured.
- Although several means of prevention are known to be at least partially effective (the use of a condom during intercourse, washing with soap and water, and urination after intercourse), there is little knowledge or acceptance of these measures among the general public, particularly among young people who are sexually active.
- Superficial knowledge about venereal diseases, combined with ambivalent attitudes toward them,

has resulted in public apathy. Most people have heard about VD, but are unaware of the extent of the VD problem and the consequences of the diseases. Attitudes range from a feeling of secrecy and shame to confidence that VD is easy to cure (just get a shot of penicillin) and, therefore, not a serious health problem.

These factors combine to make the actual threat to public health even more serious than the available statistics on venereal disease indicate. The VD problem is like an iceberg. Known cases that have been reported and treated are the visible tip of the iceberg. Other aspects of the problem can only be guessed at. Because of the large number of unreported cases of gonorrhea and syphilis, public health officials believe that the reported figures for venereal diseases should be multiplied four or five times in order to arrive at a more accurate estimate of their actual incidence.


Reported cases of gonorrhea and syphilis
Cases seen by doctors and treated, but not reported
Cases of women with gonorrhea who are unaware they have the disease
Cases of men and women with syphilis who are unaware they have the disease

Iceberg effect of unreported cases of gonorrhea and syphilis in California

### The Crisis Syndrome

The problem of venereal disease bears an unfortunate similarity to the drug abuse problem in recent years. Both problems received a great deal of publicity in the media during a crisis period in the late 1960's and early 1970's, and widespread public concern was generated. This concern led to temporary infusions of new money for programs that policy makers and politicians hoped would produce nearly immediate solutions. Both problems were closely associated with the highly visible, and newly emergent, youth culture—another cause for concern among policy makers and politicians. Then, in a few years, the public's attention turned to more pressing problems. Satiated by reports about the drug crisis and the VD crisis in the media, people became bored with these topics. Drug abuse and venereal disease, like the youth culture itself, ceased to be newsworthy.

Media-generated crises and the instant "solutions" produced to placate a concerned public create the misleading impression that once the publicity dies down the problem has been solved. This is very far from the truth either for drug abuse or for venereal disease. Both are deeply rooted problems influenced by a variety of social and cultural factors. Both defy quick, technological solutions. Effective solutions to either problem, in fact, must rely on long-term changes in personal and social behavior. Only a sustained and continuing effort can produce such changes. The key to such an effort lies in education.

### Who Is Responsible for VD Education?

No one is actually responsible for VD education in the sense of being accountable. No single segment of society has been assigned, or taken on, the task. In one form or another, however, VD education occurs virtually everywhere.

*Peer groups.* For young people, particularly, the peer group is an important source both of information about VD and attitudes toward it. The chances of this source having a negative, damaging effect (mainly through misinformation and misunderstanding) are as great as they are for its having a positive, healthy effect.

*The family.* A supportive family setting may be the best means of developing awareness in young people about both venereal disease and healthy sexual behavior. The high degree of intergenerational conflict and the instability of American families in recent years, however, suggest that there may be more conflict within families over such controversial issues as sexual behavior and VD than agreement.

*Community institutions.* Churches, youth clubs, and other community organizations and institu-

tions are all concerned with the healthy social development of young people. Yet, the public positions of these community institutions are often in conflict with each other; they range from deliberate neglect of the VD problem as being immoral and unworthy of discussion to serious VD education efforts.

*The media.* In recent years, the media have contributed significantly to public awareness of the extent of the VD problem and broken down old taboos about discussing it. At best, however, the media have been a source of information about VD. Information can be only part of a total educational effort.

*Governmental agencies.* In California, branches of the United States Public Health Service and the State Department of Health have concentrated their efforts at VD control primarily on diagnosis and treatment. Their educational efforts, like those of the media, have been largely informational.

*The schools.* Since the youthful population with a high incidence of venereal disease is also the school population, schools are logically the most appropriate setting for a concentrated VD education program. The goal of effective school-based programs in California (discussed further in the following section) is much closer to being realized in 1976 than it was five years ago.

Ideally, all the various institutions in the society that contribute to the education of young people should work together in a clearly defined, coordinated VD education effort. No less than such an effort is needed. In reality, however, some of our socializing institutions come into direct conflict with each other on what is still considered a sensitive issue. Through the efforts of the Department of Education, the Department of Health, county health and education departments, local school districts, and local media and community organizations, several California communities now have well coordinated VD education programs. These communities have shown that comprehensive VD education programs are not only realistic and attainable, but that such programs may be the beginning of a long-term solution to this massive health problem.

### VD Education in the Schools

Although the incidence of venereal disease among teenagers increased steadily in the late 1960's, instruction about VD in California's schools had become highly problematical. The immediate cause of this was a 1967 bill passed in the state legislature, the "Schmitz Act," which placed heavy restrictions on any instruction dealing with sex and threatened teachers with the loss of their credentials if they failed to comply.

In 1971, the legislature responded to widespread public concern about VD by creating a Venereal Disease Task Force to study the VD pandemic and come up with recommendations for immediate action. This led to the passage in June 1972 of the Fong-Barnes bill, A.B. 71, which placed instruction about venereal disease in a special category and separated it from sex education. The bill also created the Venereal Disease Education Project within the State Department of Education.

The Project was charged with providing leadership and training in VD instruction throughout the state, particularly in 22 counties which accounted for 92 percent of the state's VD morbidity report. In the years since it was established, the Project has worked closely with county school and public health departments; local school district teachers, administrators, and health personnel; and school district leadership teams that included parents, board members, and students. Through a series of workshops, the Project staff members have trained more than 10,000 teachers, administrators, and school health personnel in techniques of VD instruction. In addition, the Project has produced and published a teacher's guide, *Suggestions for Instruction About Gonorrhea and Syphilis in Junior and Senior High Schools,* and an informational materials packet, including specific classroom activities. The Project has also developed a slide-tape dealing with the new regulations governing instruction about VD.

Influenced to a great extent by the Fong-Barnes bill and the efforts of the Project staff, approximately 90 percent of the schools in California now have some form of VD instruction. Evidence exists, moreover, that in communities with comprehensive, coordinated VD education programs, VD education has begun to produce a decline in morbidity. In Los Angeles, San Francisco, and Santa Barbara counties, the incidence of venereal disease among teenagers has declined significantly, while it has risen for other age groups.

### Only a Beginning

The response to the new emphasis on VD education in recent years has been encouraging. Nevertheless, it would be premature to consider the effort at establishing a statewide VD education campaign a complete success. Many rural school districts, and some urban districts as well, continue to resist the idea of VD instruction. Even when districts have made a firm commitment to VD education, the attrition and turnover among VD instructors can be as high as 30 percent annually. Perhaps most important, the quality of a great deal of VD instruction suggests that more work is needed in order to establish VD education as part of a comprehensive health education program relevant to students' daily lives and personal health.

### What Kind of VD Education?

Through its in-service workshops and publications, the staff of the Venereal Disease Education Project has consistently emphasized several key ideas in regard to the kind of VD instruction that is most likely to produce lasting changes in students' personal health habits and behavior.

- The informational approach to VD instruction in and of itself is inadequate to the task. Lectures, films, and scare literature may alert students to the VD problem momentarily, but in isolation from other educational approaches they have little value. Massive informational campaigns about the hazards of cigarette smoking, an instructive example, have had no effect on actual behavior; the rates of cigarette smoking among young people in particular have steadily increased in recent years.

- Effective VD instruction should lead to both cognitive and affective learning. While insufficient in themselves, the facts about venereal diseases (cognitive information) are an essential component of VD instruction. Equally important is an emphasis on affective learning—classroom experiences that will produce positive attitudes among students toward their own personal health and the general health and well being of others.

- VD instruction should start in the late elementary grades and continue through the secondary level as part of a coordinated health education curriculum. Consistent with the *Framework for Health Instruction in California Public Schools*, adopted by the State Board of Education in 1970, the Venereal Disease Education Project has determined that VD instruction should start no later than the seventh grade in order to have an impact on the developing sexual habits of adolescents.

- VD education should be distinguished from family life or sex education. Although instruction about venereal diseases *can* be introduced in the context of family life or sex education, the latter areas have stimulated so much controversy and political opposition in school districts throughout the state that, in combination, neither one may be acceptable to parents and community leaders. VD is a medical and public health problem; although the diseases are sexually transmitted, instruction about them is too urgently needed to be sacrificed because of differing opinions about the privacy or sanctity of children's sexual development. In most communities VD instruction is more acceptable than family life or sex education. Less than one tenth of one percent of the parents in school districts that offer VD education have denied it to their children.

- No teacher should be required to offer VD instruction. Unless the teacher is comfortable discussing this subject with students, the time taken for VD instruction will scarcely be worth the effort. In informal surveys conducted by the

staff of the Venereal Disease Education Project, students' comments about VD classes have continually stressed the importance of the teacher's attitude toward the subject.

■ To be truly effective, VD instruction should involve students in active learning as much as possible. Research projects, simulation games, projects requiring group interaction, even open-ended question-and-answer sessions—all these ways of involving students as active learners are especially necessary in VD education. Unless students become actively involved in learning about VD, they will have difficulty relating what they have learned to their own lives and the development of their own personal health habits.

### Does VD Education "Work"?

To many public health officials and educators, the need for school-based instruction about the venereal diseases is obvious. At a time when governmental agencies are preoccupied with cost-effectiveness, however, and budgets for social service programs face substantial annual reductions, policy makers and legislators are not in unanimous agreement about the need for VD education. When confronted with demands for conclusive evidence that VD education leads to actual reductions in the incidence of venereal disease, even the staunchest advocates of VD education are hard-pressed for proof.

Part of the difficulty in proving the effectiveness of VD education stems from the inherent paradox of relying solely on statistical evidence. Theoretically, the incidence of venereal diseases would show a significant decline, as measured by the number of reported cases, if VD education were truly effective. On the other hand, it can also be argued that effective VD education would produce a noticeable *increase* in the number of reported cases—the result of a better-informed population making better use of the available methods of VD control and treatment. Thus, while advocates of VD education in California point proudly to reduced teenage VD rates in communities with extensive education programs, there is no conclusive evidence that these programs have actually stopped the spread of VD. This is probable, just as it is probable that VD rates, according to the statistics, are rising, but it cannot be scientifically proven.

Is there any reason, then, to believe that VD education "works"?

A strong argument in favor of VD education is suggested by research conducted among teenage populations in several different California communities. These studies have shown that young people who had the benefit of VD instruction in school were significantly better informed about the symptoms of VD, and the methods of treatment, than those who had not received VD instruction. The findings of these studies point to what may be the most powerful argument of all on behalf of VD education, although it is not particularly scientific. The alternative is ignorance. There is no simple solution to the VD problem. Until scientists produce a vaccine, education is virtually the only prevention.

Participants discuss learning materials at a VD education workshop, one of 400 offered throughout the state in the last four years.

*San Francisco*

## Peer Education

In San Francisco, the incidence of venereal disease among teenagers has been among the highest for this age group in California—until the last several years. One reason for the recent decline, some San Francisco public health professionals believe, has been the Peer Education Program initiated by the city's Human Rights Commission with grants from the Center for Disease Control in the Department of Health, Education and Welfare.

The Peer Education Program was founded on the premise that teenagers are uniquely qualified to instruct other teenagers about venereal disease. Nevertheless, out of 100 senior high school applicants for the position of venereal disease "health aide," or peer educator, a screening panel consisting equally of high school students, health professionals, and community representatives selected only the best "communicators," the candidates who were most outgoing and poised.

During the three years of the program, the peer educators, who were paid the minimum hourly wage for their work, had to be constantly ready to answer a variety of questions about VD in their capacity as program representatives for their respective high schools. Generally, they offered their services in family life classes—the program was closely coordinated with the Director of Family Life Education in the San Francisco Unified School District. But the peer educators were their schools' perennial resources of information about VD, and other students often sought them out in the halls or after school for one-to-one discussions.

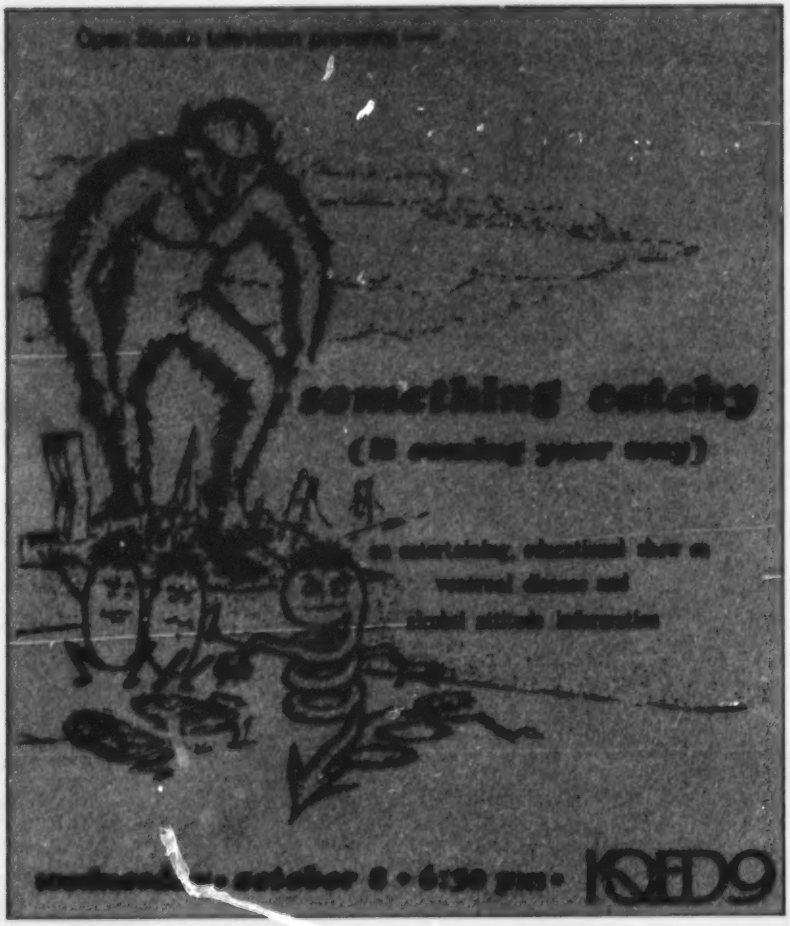
> The main benefits of peer instruction about venereal disease are more open communication both ways and a lot more straight questions. Kids are more direct with other kids. We as teachers tend to be removed and clinical when we talk about VD, but the peer instructors work at a language level that is more identifiable. The other kids have a sense of "It could happen to me so I'll apply this knowledge."
>
> High School Teacher

The peer educators were trained by staff members of the San Francisco City Clinic. In 15-20 hours of intensive sessions, they were exposed to communication and teaching skills and a barrage of factual information about venereal diseases. Later, when they began their actual work, the program provided the support of college-age supervisors and a City Clinic staff member who acted as troubleshooter.

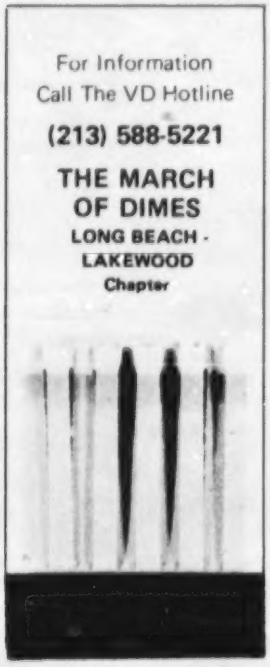
For many of the peer educators, VD information and education became a personal cause. In addition to publishing a newsletter for distribution to the city's high schools, several peer educators participated in the production of radio and television programs broadcast locally.

"Things have gone amazingly smoothly," commented Julie Roseman, a City Clinic consultant to the program. "We did have one school where the principal resisted the program at first. But the kids went underground—they met with other students in their homes. Finally, the principal allowed them to work in the classrooms. A few of the aides had problems because they became known around their schools as the 'VD person,' but we taught them how to handle that. We taught them how to handle negative comments by confronting people."

The Peer Education Program was terminated in September 1975, but is being renewed for the summer of 1976. The City Clinic staff considered the concept so successful that a similar program was initiated for the city's gay community. Commenting on evaluation of the program, Ms. Roseman admitted the difficulty of pinpointing its effects. "Over the last six or seven years," she said, "the VD rates among teenagers in San Francisco have been going down. The kids who are receiving education are improving. Something has to be working."




Peer educators in San Francisco helped in the production of media presentations such as the TV show advertised at left. Below, an informational matchbook advertises a VD hotline in Long Beach.



*Santa Barbara County*

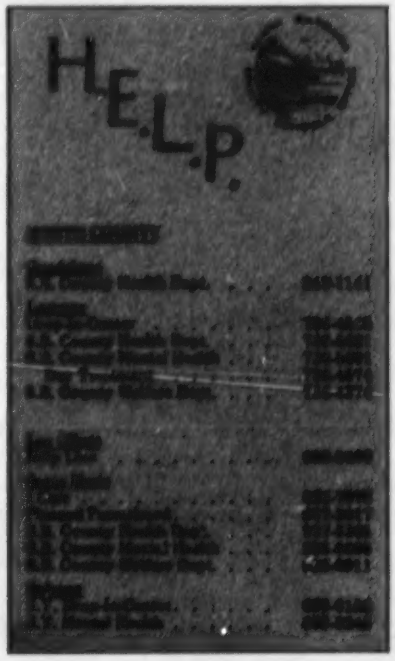
## Comprehensiveness

In the last five years, two major educational programs in Santa Barbara County have helped to establish the importance of a comprehensive health and VD education effort.

The first of these programs, the Santa Barbara Venereal Disease Education Coalition, was launched four years ago. It is made up of more than 30 community organizations and institutions, including the city and county schools, the Junior Chamber of Commerce, the Junior League (which has provided most of the funding for the Coalition), local clinics and public health agencies, and Planned Parenthood, among many others. Meeting monthly, the Coalition members have initiated a wide variety of activities in the county. For example, the Coalition has sponsored radio and television public service announcements, literature about VD, and numerous other information efforts. The Coalition offers periodic courses and workshops on VD education for doctors and public health officials, parents, teachers, and community members. Coalition members have also participated in workshops conducted locally by the staff of the State Department of Education Venereal Disease Education Project.

Another important impetus for improved VD education in Santa Barbara County has come from HELP, the Health Education Liaison Project, a three-year federally funded program aimed at developing comprehensive health education throughout the county's schools. When HELP first started, the schools had no required comprehensive health education programs. By 1975-76 programs had been established in three of the county's five unified school districts, and all the secondary schools in the county were offering some form of VD education. Citing the decline in venereal disease rates among county teenagers, HELP director Don Bornell said, "Most of the people in public health that I've talked with believe it's because of VD education. The whole awareness has improved."

Students in Santa Barbara County receive wallet-sized cards, right, with phone numbers for assistance with VD-related problems. Below, a window decal, part of the Santa Barbara County VD education effort.



*Bakersfield*

## Launching a Program

*by Scott Mallory*

In a rural, conservative community like ours, you don't all of a sudden say, "We're going to have a VD education program." You have a lot of convincing and educating to do.

There was no question when the Bakersfield program started three years ago that it was needed. Gonorrhea and syphilis had reached epidemic proportions in the community—we've had boys and girls dropping out of school because of venereal disease down to the fifth-grade level.

The program was actually introduced in the school district three years ago, but the effort to launch it began some 15 months earlier.

At the beginning, with the help of several influential community leaders and school board members, we formed a committee to come up with a plan for VD instruction at the junior high school level. Luckily, several teachers who were aware of the problem volunteered right from the beginning. The committee studied the problem, began developing some curriculum approaches, and selected appropriate teaching materials. But one of the committee's main jobs was to do a lot of convincing—to educate the community about the problem. That was the toughest hurdle.

An important decision, right from the beginning, was to approach VD strictly as a health problem. Because of the strong religious makeup of the community, we have deliberately avoided moralizing about VD. Even so, it was a struggle. Many parents were concerned about what their kids might be learning. The people in charge of starting up a program have to be ready to deal with those concerns. We make a point, for example, of opening up all the materials used in VD education to parents who are interested.

No teacher in the district is required to offer VD instruction. This year VD instruction is offered in several different subject areas, both at the junior and senior high school levels—physical education, science, and home economics, for example. So far 21,000 students in the district have had the option of VD instruction, and in three years only two or three percent have chosen not to participate.

*Scott Mallory is a consultant in Physical Education, Health, and Safety to the Bakersfield City School District*

**BAKERSFIELD CITY SCHOOL DISTRICT**

If you do not desire your child's attendance in this instruction, please notify your school.

This form should be returned before _____.

Dear Parent or Guardian

It is time to notify each parent of Venereal Disease instruction at our school. The law that was passed by the California State Legislature is being closely followed by the Bakersfield City School District. It states that each school district must notify parents or guardian at least 15 days prior to the commencement of the instructional program. You have the right to notify school authorities that your child not attend any such class. This instruction will be a part of the regular Health Program.

As parent or guardian, you have the right to inspect the Instructional Materials to be used in each class. Review of these materials can be done by visiting the Department of Instructional Programs, 1300 Baker Street, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. Materials will be on display in the Conference Room. Questions on materials or content should be directed to Mr. Scott Mallory, Physical Education/Health Specialist or Mr. Hal Kavern, Director of Instructional Programs. Questions on instruction can also be directed to your Principal or Health Teacher. Your cooperation is urgently needed so this on-going Health Program can continue.

Sincerely _____
Health Teacher

I do not wish my child to attend ____

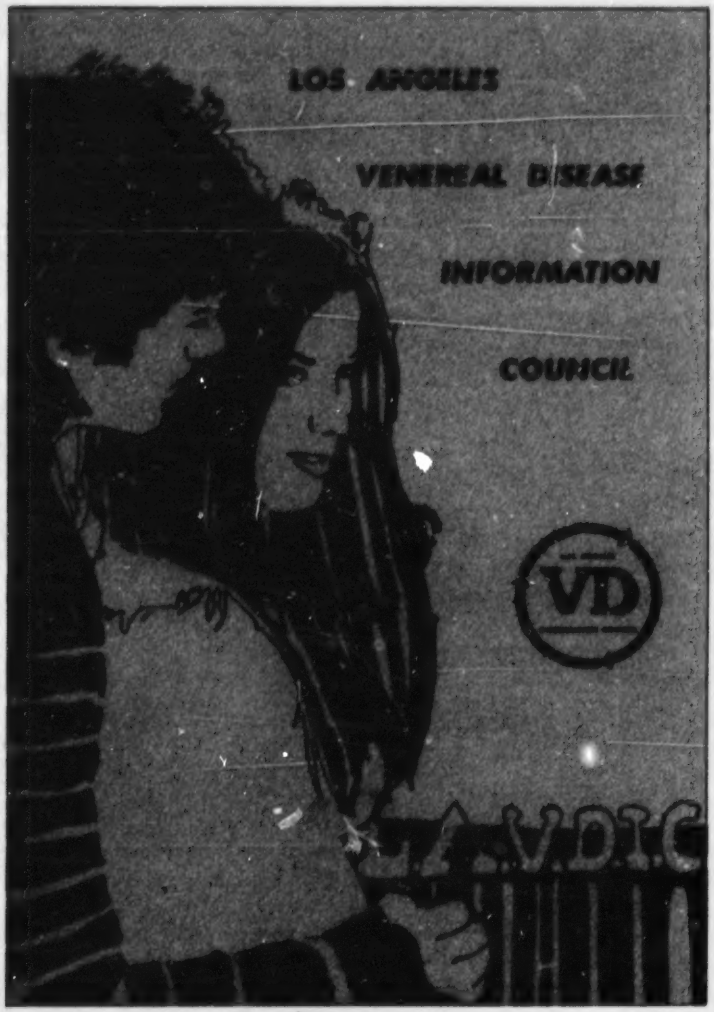
Parent or Guardian _____

Letter, above, is sent to parents in Bakersfield City School District in compliance with the requirements of Section 8507 of the California Education Code.

*Los Angeles*

## Encouraging Questions

Below, cover from pamphlet published by the Los Angeles Venereal Disease Information Council, a coalition of civic, educational, medical, religious, business, and industrial groups that coordinates VD education programs.




I've always had good reactions to VD education from my ninth-grade students. I emphasize that they can ask questions whenever they feel like it. If not, I tell them all to write out a question, or merely turn in a blank sheet of paper, without putting their name on it. Then I can read the questions to the class, and we can discuss it as a group without any individual feeling stigmatized.

Teacher in Los Angeles County

**Some of the Questions Students Asked**

What are the symptoms in females when they have VD?

What do the initials stand for?

How many other types of VD are there besides syphilis and gonorrhea?

Can a person with advanced stages of VD pass it on to another through serious kissing?

If a person is a VD carrier, is the disease always given to another person during sexual contact?

Tell us more about signs and symptoms or the difference between syphilis and gonorrhea.

Does VD occur every time a person has sexual intercourse?

Is having intercourse the only way to get VD?

Can you get VD from dirty toilet seats?

To what degree must you have sex to get it?

If VD is only transferred through sexual contact, where did it originate?

Does masturbation cause VD?

If you get syphilis, what is the cure?

Does the guy have to have been drinking to give the girl VD?

Can you get VD from a girl who has never had intercourse before?

# VD Education Forum

## Fred Kroger

Public Health Adviser, VD Information and Education Project, Los Angeles County Department of Health Services

In our programs in Los Angeles County, we emphasize that individuals have to be responsible for themselves and their neighbors. If we had relied on individual responsibility to deal with the polio problem, however, we would have epidemics of polio every summer.

VD education has to help people be aware of the facts about venereal diseases, to know where to get tests and treatment, to know that they should notify sex partners who may have contracted a venereal disease. But that process is not one hundred percent foolproof. We need to start looking at a next step. Mainly, we have to look at VD as a health problem, not a moral problem. Right now the National Institutes of Health includes VD in a category with allergies. Last year the federal government appropriated $3½ million for research on VD, while research on other diseases received $300-700 million.

Starting with VD education as a base, we need to get people involved in moving into the community to tackle VD as a total health issue in order to generate political support for better solutions to the problem. We rarely talk about the politics of public health; yet, urgent social problems, including health problems, can only be solved through political decisions.

## Mary Riggs, M.D.

Quoted from a report to the California Venereal Disease Controllers

The public health field today has no real preventive program for venereal disease. Our two large national programs—the syphilis epidemiology program and the gonorrhea screening program— are directed not toward prevention, but toward finding people who are already infected.

There have been many roadblocks to investigations of preventive methods—legal, ethical, and financial. But the most difficult obstacle seems to be the moral connotation of VD prevention, the widespread notion that informing people about VD prevention is tantamount to promoting promiscuity, or that telling young people how to avoid infection is the equivalent of an invitation to sexual experimentation. On the other hand, we have been reluctant to state openly that multiple sex partners increase the exposure to VD for fear of seeming to moralize or interfere with individual life styles.

I believe it would be healthy for us in public health to admit that we have no mass preventive methods for venereal diseases and that our current programs to treat them out of existence are doomed to failure. Public health professionals often say, when asking for additional funds for VD programs, that the incidence of venereal disease rises when funds are cut. Yet, in the last 15 years the incidence has been rising despite renewed efforts at diagnosis and treatment. We need an infusion of new ideas and a change in emphasis.



19

## March Fong Eu

California Secretary of State,
Co-author A.B. 71

In the old days when I worked as a school health educator, I would go from school to school teaching kids the basics of proper health care.

There were two things I always emphasized: knowledge and responsibility. People who know how diseases are contracted, cured, and controlled are less likely to be victims of such diseases.

Similarly, I also emphasized that children should be responsible. They should be responsible in the care they give to their own bodies and, with reference to contagious diseases, they should have a moral responsibility for the health of their fellow human beings.

One would think that these things hardly need to be said. With regard to most diseases that is quite true.

Few people object to the teaching of facts about most diseases, and no one objects to discussing the individual's responsibility for protecting the public's health. Unfortunately, however, the venereal diseases are still thought of differently by many people. They are still spoken of in a hush-hush manner, and facts are often superseded by what I like to think of as old husbands' tales.

It's bad enough to have problems of neo-Victorian hush-hushiness. It's bad enough to have the problems of old husbands' tales. But in California back in 1971, we had a greater problem that deterred concerned teachers and school health professionals from teaching the knowledge and responsibility that kids need to learn. The problem was the law itself.

Assembly Bill 71, the legislation that made VD education possible with impunity throughout the state, was an absolutely necessary step. This legislation did not make venereal disease go away, but I am greatly cheered by the impact it has apparently had.

Of course, there remain many things we have to do to somehow retard and reverse this age-old disease.

With respect to the VD education legislation itself, there are two amendments I would sponsor if I were in the legislature today.

In the first place, I think we should work to remove the VD education portion of the law from the chapter that also includes the Schmitz Act. While teachers and administrators in our urban areas are less likely to fear Schmitz Act sanctions for instruction related to venereal diseases, teachers and administrators in our rural areas still have the fear, and only about one-half of the eligible teachers in our rural areas participate in training courses. Also, morbidity rates in rural areas are not declining as they have been where VD instruction is more available.

Secondly, I would tighten the law even further to make VD instruction a mandated part of the curriculum, rather than a discretionary part, as it now is.

While reserving the right of the parent to take the initiative to keep his or her child out of the course, I would delete the option a school board presently has to refuse to offer the instruction at all.

Also, I think it is painfully apparent that we must search for a more predictable funding mechanism at both the state and federal levels for our prevention and treatment efforts. Both the administration and the Congress are being terribly irresponsible with respect to funding at the federal level, and the Department of Education has to go through an annual budgetary seesaw to get what money it can.

If the funding for driver's education can be assured with a good deal of predictability on an annual basis, then I am at a loss to explain why funding for VD prevention and treatment cannot be as well.



20

## Linda Burhans

Associate Professor of Health Science,
California State University, Long Beach

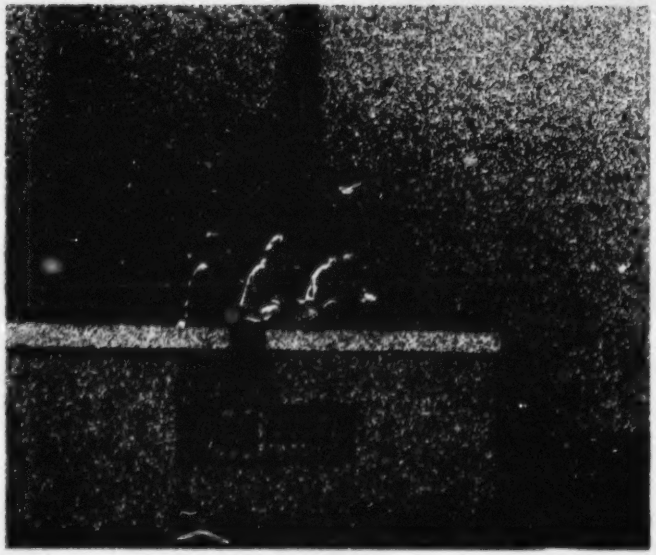
The apathy that surrounds the VD epidemic astonishes me. People seem to feel that they know all they need to know about VD. It's very common, for example, for people to think that they can treat themselves by taking penicillin pills or, worse, that they can use them to prevent VD. Yet it takes much more than a few pills of an antibiotic to treat a person with syphilis or gonorrhea, and any health care professional can confirm that antibiotics are worthless as prevention. They're fine after one has the disease, but they do not build up like antibodies to develop resistance to a disease-causing organism.

Although laissez-faire attitudes about VD disturb me, I can understand why they exist. By now everyone has heard of VD. Most people have even heard that VD can be cured by antibiotics. We have educated people just enough so that their ignorance shines.

## Helen Brown

Coordinator of School Health,
Orange County Department of Education

We have to work with teachers to make them comfortable talking about venereal diseases. Too many teachers are still uncomfortable with the subject. One of the things about the workshops offered by the Department of Education staff is that they are very down-to-earth and reality-oriented. The workshops emphasize that professionals can talk about VD without feeling awkward. Teachers can read about VD anywhere. Changing attitudes is the most important thing.



21

## J. William May

Assistant Superintendent of Public Instruction for Curriculum Services, California Department of Education

I would like to see the day when comprehensive health education is an integral part of every school program, built into the curriculum of every elementary and secondary school. VD education should be a routine part of this curriculum, not a crisis measure.

Of course, curriculum time is at a premium in every school system, and competition for that time is exceptionally keen. There are times for math, times for science, times for reading– and there must be. Although health education is mandated, it has historically been fragmented and minimized.

Since curriculum time is so scarce, the little time that is allocated to health must be very effectively utilized. Programs should be planned in order to prevent repeating the same ideas year after year, throughout the grades. Trained educators should teach the subject in order to produce the best results in this critical area.

## Virla Krotz

Member, California State Board of Education

I have reviewed many requests from young people urging the Board to include venereal disease as a classroom subject. I'm personally delighted with the fact that since the Venereal Disease Education Project has been in operation, close to a million young people are now getting VD education in their classrooms. Our original goal to intitiate and/or expand venereal disease education in every public school in California, starting not later than the seventh grade, has been met by all but a few districts.

## Lee Saltz

Coordinator of Peer Instruction, Chairman, Health Department, Fairfax High School, Los Angeles

My husband is a gynecologist, and this gives me an added perspective on VD education. During the first or second year that I taught health, my husband said to me one day, "What's happening in your school? One of your students came to me today, and her fallopian tubes were already closed." The girl was in an advanced stage of gonorrhea and didn't even know it.

## Mike Birkholm

Venereal Disease Education and Information Specialist, Los Angeles County Department of Health Services

Existing VD control programs throughout the country are not going to solve the problem by themselves. These programs have been described by many health and medical professionals, researchers, and educators as a colossal failure. Their main emphasis is on treatment. We have never treated a disease out of existence.

In terms of a master plan to eradicate the venereal diseases, there is so much more that needs to be done. This is going to require education not just of kids in schools, but of our elected leaders. My main hope is that because students who are potential leaders and policy makers are beginning to be aware of the VD problem *now*, 20 or 30 years from now they will make a more realistic effort to do something about it when they have the power.

## Students

Comments from students throughout the state who have experienced VD instruction in their schools

- The VD education I've had is unrealistic. The only alternative given is to stop having sex. You can't get around the fact that some people are going to have intercourse.
- Teachers and parents get embarrassed by questions. Parents need information about counseling too. Some of them live in the 19th century and think their children should be told about VD when they're 21.
- I still vividly remember the pictures of the chancres and rashes. I thought that if you had VD you could break out in chancres anywhere on the body. No one even mentioned that the chancre almost always appears on the site where the spirochete entered the body. I was very confused!
- I saw a VD film and the one message that really got through was you get VD from boys. My boyfriend thought I was crazy. I wouldn't even let him touch me—not hold hands, nothing!
- Quit repeating the same information year after year. Tell us something new.
- Let us talk about it. Maybe the teachers could learn something from us! I'd like to discuss ways to handle the disease.
- Bring in guest speakers to answer questions. Our teacher was good but if you've really got a dumb question to ask, it'd be neat to ask it, and then the guest speaker leaves, so you're not embarrassed about being dumb.
- Don't forget that some of us are gay. We're tired of being ignored.
- The community should advertise places where kids can go for help without their parents knowing about it.

23

# In the Classroom

## Things to Do

As mentioned earlier, the approach to VD instruction in the classroom recommended by the Venereal Disease Education Project emphasizes a balance of affective and cognitive learning. Cognitive information about venereal diseases is relatively easy to obtain.

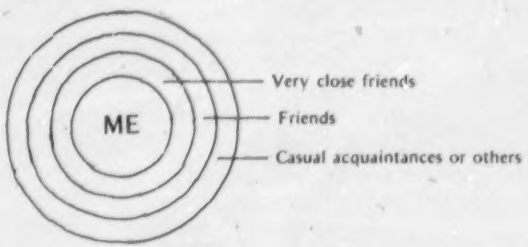
The real challenge to VD instructors lies not in finding adequate information about VD, but in establishing a classroom atmosphere in which students will feel comfortable learning about and discussing VD. Beyond this, students should be able to internalize what they have learned by relating the learning experience to their own lives—both to their personal health habits and to their awareness of the individual's responsibility for improved public health in a more general social context.

The best way to let students know from the very beginning of VD instruction that they can feel free to discuss what they may perceive as a sensitive topic is to use a "classroom opener" activity. Any number of classroom openers, carefully introduced by the teacher, can lead the way to a more relaxed exchange of information and questions. For example:

*Slogans.* The teacher explains that since VD is both a personal and a social health problem, the students should work together during class, either in small groups or in pairs, to develop a series of slogans, the sort that could be displayed on bumper stickers or posters as part of a public health VD campaign. Class time can be set aside for a general discussion about the factual accuracy of the slogans and related issues.

*Myths.* Probably at the beginning of VD instruction many students will have no idea whether some of the most common myths about VD are true or not. The teacher can present several common myths either in writing or verbally. Students' reactions to these myths can be written or discussed in groups. (Examples of common VD myths: "You can catch venereal diseases from contact with a toilet seat, door knob, or shaking hands"; "A quick cure for VD may be purchased in the drug store"; "Gonorrhea is caused by lifting heavy objects.")

*Privacy.* The teacher asks the students to draw a series of concentric circles similar to the diagram below:




**Note:** This section represents a sampling of a wide range of classroom activities and exercises discussed more fully in two other publications of the Venereal Disease Education Project: *Suggestions for Instruction About Gonorrhea and Syphilis in Junior and Senior High Schools* and *Venereal Diseases: Gonorrhea and Syphilis—Educational Materials: Grades 7-12.* These publications can be obtained by writing to: Venereal Disease Education Project, School Health Component, Department of Education, 721 Capitol Mall, Sacramento, CA 95814.

Then, relating the question to the diagram, the teacher asks, for each of the following situations, "Who would you tell it to if . . . ?"

You had an alcoholic parent

You saw a friend coming out of a VD clinic

You had stolen something

You were thinking about suicide

You had VD

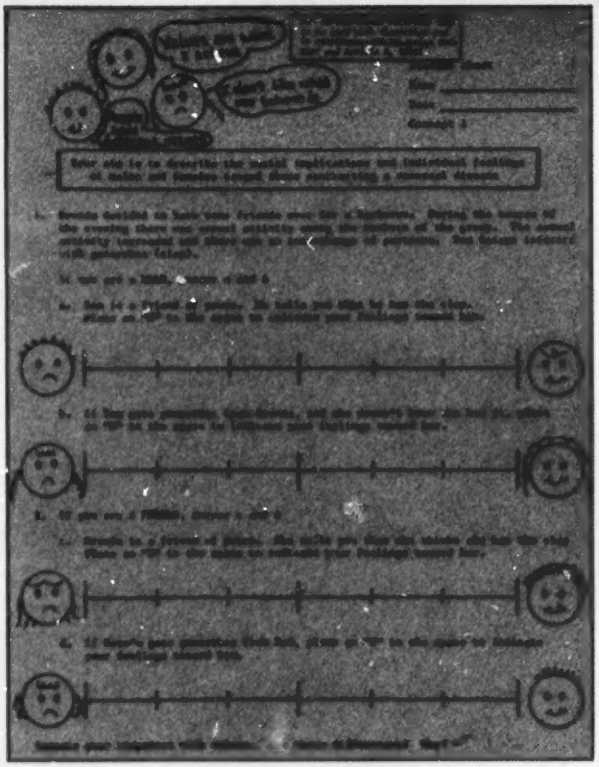
The students can divide into pairs or small groups to discuss their answers. "Privacy" not only encourages students to relate classroom learning to their personal lives, but also helps create the necessary privacy "boundaries" for further classroom discussion about VD.

Making the connection between students' factual knowledge about VD and their personal and social values involves a more complex and sophisticated learning process, and considerably more class time and preparation should be given to it. The Venereal Disease Education Project materials recommend a series of exercises that revolve around students' articulation of their values in relation to a variety of topics.

Many books have been written about the valuing process for classroom use, and there is scarcely room here to describe it in detail. Basically, the valuing process is a technique for objective analysis of personal values through exercises that challenge students to examine what they really believe, and how they act on these beliefs.

One activity involving the valuing process devised by the Venereal Disease Education Project is "Rap About It." The teacher asks students to consider the following situation:

> You're a 13-year-old girl. "You might have gonorrhea," the school nurse says. The nurse knows because a boy in school told her where he got the "drip." You don't even know what VD is. You learned about sex when a boy pushed you down in the back of his van.

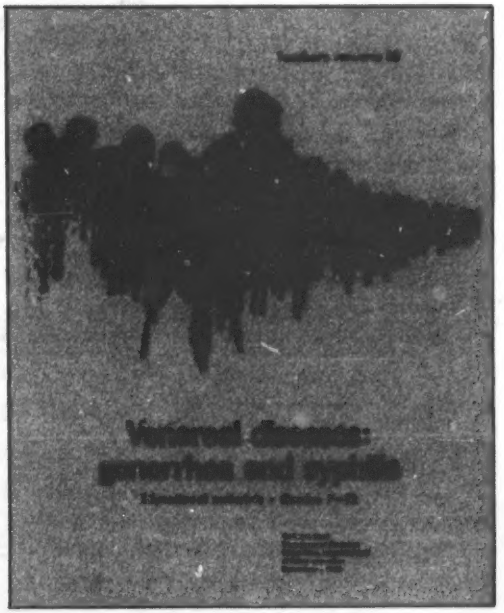


Above, one of many valuing activity worksheets developed for classroom use by the Venereal Disease Education Project.

After this situation has been presented, the students discuss, either as a class or in small groups, several questions relating to it. For example, "If you were the girl, what would you do?" However, the key question to ask is, "What assumptions are involved in your decisions?"

Another useful valuing activity is the use of rating scales. Students are asked to rate their attitudes toward given situations—"Tom is a friend of yours. He tells you that he has the clap."—along a continuum ranging from approval to disapproval. Following this, the students can discuss the ways in which their ratings reflect their personal values, how their own values compare with those of other students, and, finally, the impact

The Venereal Disease Education Project's curriculum guide, above, outlines learning objectives and classroom activities for junior and senior high schools. Teacher packet, below, developed by the Venereal Disease Education Project, includes informational materials and classroom activity sheets.



that the actions based on their values would have on family, friends, and society.

Classroom exercises are only one way of establishing connections between the factual information students acquire and their personal behavior and attitudes. Role-playing situations, research projects, and reports on out-of-school activities, such as a visit to a VD clinic, can also help to reinforce the principal objective of creating links between cognitive and affective learning. Of course, the extent and success of these activities will depend largely on the time allocated to VD instruction and the teacher's own attitudes toward the subject.

## Taking a Look at Your Program

Probably the best assessment of a VD education program would be conclusive evidence that VD education had produced real changes in students' behavior and a consequent reduction in the incidence of venereal diseases. Since statistics on the incidence and reported cases of VD are subject to widely varying interpretations, such evidence would be extremely difficult to obtain. This does not mean that school districts should dismiss assessing their program as an impossible task. Several different kinds of assessment can be administered relatively easily.

The teacher, of course, can find out, through written pre- and post-tests, whether students have learned basic factual information about VD. The Venereal Disease Education Project curriculum materials include examples of convenient test forms. Written tests have limited value, however—they only indicate the degree to which students have learned specific information. The equally important affective learning is more difficult to assess.

Changes in students' behavior resulting from VD education—being comfortable discussing social problems, being able to tell a partner about contracting VD, or making the decision to go to a clinic for a checkup or treatment—can be assessed by a sensitive teacher through the use of valuing exercises, similar in content to each other, during the course of VD instruction. An observant teacher will often be able to discern attitudinal and behavioral changes during the course of student discussions about VD-related issues. Many teachers have found that simply asking students to comment on the VD education unit in writing without identifying themselves provides useful information about their knowledge, questions, concerns, and attitudes toward VD and the action they are most likely to take regarding VD in the future.

Nevertheless, precise measurement of affective learning is a frequently debated subject among evaluation experts, and no completely reliable measuring instruments have been developed for the affective domain even after several years of research.

While the precise nature of student learning—the outcomes of VD instruction—cannot be measured conclusively, standards for effective instruction and the creation of an optimal learning environment do exist. A comprehensive self-rating scale, for example, can be helpful in determining whether various elements of successful VD education have been taken into account (see next page).

## Laws Relating to VD Education and Control

Assembly Bill 71, the Venereal Disease Education Law, was approved by the Governor in June 1972 and is presented in Section 8507 of the California Education Code. Even four years after its passage, however, there is evidence that some teachers in the state are still uncertain about the protection this law provides to those who wish to offer VD instruction. The main goal of the law was to exempt VD education from the restrictions placed against sex education by the Schmitz Act (Section 8506, California Education Code). The bill states that:

- The Legislature finds and declares that the incidence of venereal disease in the State of California has reached epidemic proportions. The Legislature further finds and declares that there is a pressing need for effective programs of venereal disease education in the public schools of California to combat this serious public health problem.

- The provisions of Section 8506 shall not apply to any venereal disease education classes conducted pursuant to Sections 10901 and 8507.

# Self-rating Scale for VD Education Programs

| | | Completely | To some degree | Not at all | Changes needed |
|---|---|---|---|---|---|
| 1 | A written statement of the school district's policy regarding VD education is available. | | | | |
| 2 | The district has a planned, sequential VD education program beginning no later than the seventh grade. | | | | |
| 3 | Teachers have been provided with VD education curriculum guides and informational materials. | | | | |
| 4 | Teachers use the guides and materials that have been provided. | | | | |
| 5 | In-service education in VD instruction has been provided for district staff. | | | | |
| 6 | Needs assessments have been made regarding the extent of the VD problem in the district. | | | | |
| 7 | Community resources have been identified for assistance in VD education and for diagnosis and treatment of venereal diseases. | | | | |
| 8 | The VD instruction program focuses on both affective and cognitive learning. | | | | |
| 9 | Instructional materials used in VD education classes include both affective and cognitive approaches. | | | | |
| 10 | Teaching strategies in VD education classes include valuing, decision making, and ways of creating a comfortable classroom atmosphere. | | | | |
| 11 | Instructional activities are planned and developed in such a way as to enable students to apply what they learn to everyday living. | | | | |

■ *Section 8507.* The governing board of any district maintaining elementary or secondary schools may offer units of instruction in venereal disease education in such schools with the assistance and guidance of the State Department of Education. The grade level at which such instruction shall be given shall be determined by the governing board of the school district.

- If venereal disease education classes are offered, the parent or guardian of each pupil enrolled or to be enrolled therein shall be notified in writing of the instructional program. Such notice shall be given at least 15 days prior to the commencement of the instructional program. The notice shall also advise the parent or guardian of his right to inspect the instructional materials to be used in such class and of his right to request the school authorities that his child not attend any such class.

- The parent or guardian may request that his child not participate in a venereal disease instruction program. Such request shall be in writing, but may be withdrawn by the parent or guardian at any time.

- The parent or guardian of any pupil enrolled or to be enrolled in any venereal disease education class shall be provided the opportunity to inspect the textbooks, audiovisual aids, and any other instructional materials to be used in such classes.

It is important to note that there are restrictions in the State Education Code relating to the administering of tests. Section 10901 states that no test, questionnaire, survey or examination containing questions about the pupil's personal beliefs or practices in sex, family life, or morality, or about his parents' or guardians' sex practices, may be administered without prior written notification to the parent or guardian and written permission from the parent or guardian for the pupil to take such a test.



**California Laws Pertaining to VD Control**

■ Any person 12 years of age or older may receive treatment for any communicable disease, including VD, without parental consent (California Civil Code, Section 34.7).

■ A blood test (VDRL) is required prior to marriage to determine if the individual has syphilis (California Civil Code, Section 4300).

■ All newborn babies must receive prophylactic treatment to prevent blindness caused by gonorrhea (California Business and Professions Code, Section 551; California Adminstrative Code, Title 17, Section 2560).

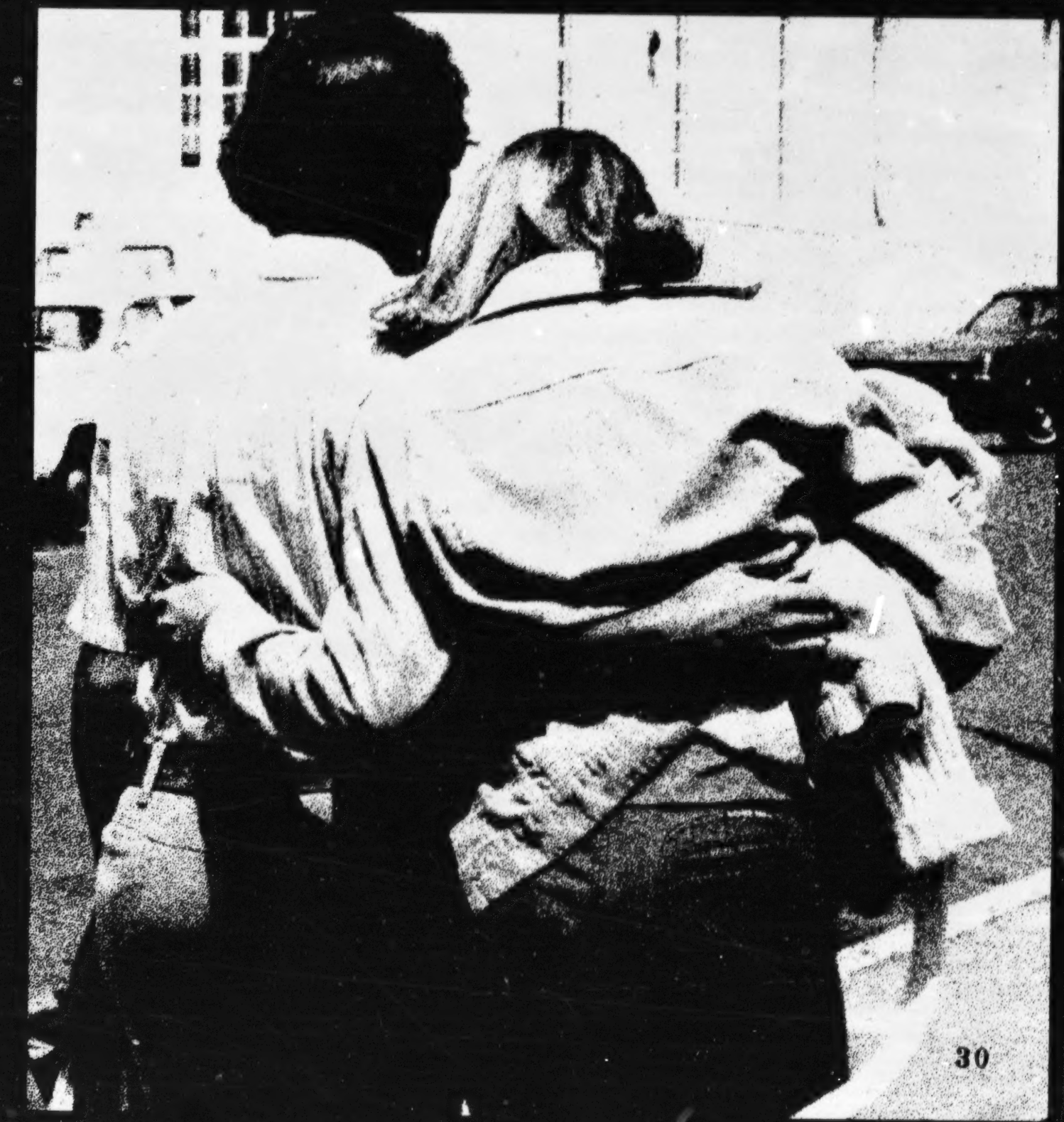
■ Doctors administering prenatal health care are required to perform a blood test (VDRL) to identify syphilis (California Health and Safety Code, Section 3222).

■ Pharmacies may advertise or display condoms, provided they are accompanied by information about VD prevention (California Business and Professions Code, Section 4322).

■ Any individual, regardless of age, may purchase a condom (California Business and Professions Code, Section 4319).

■ A physician who diagnoses and treats a reported VD case must report that information to the Public Health Department and the information must remain confidential (California Administrative Code, Title 17, Section 2500).

■ Laboratories are required to report all cases of gonorrhea and syphilis that they find to the local public health officer (California Adminstrative Code, Title 17, Section 2505).



Writer: Henry S. Resnik
Design: Jim M'Guinness
Photography: Subiani

Published by California State
Department of Education, 721 Capitol Mall,
Sacramento, California 95814

Printed by the Office of State Printing
and distributed under the provisions
of the Library Distribution Act

1976 75-238 1055–89419 7-76 10M